

- D. Division of Medical Services (DMS): The division within the Department of Social Services which administers Medicaid program operations in Missouri.
- E. Division of Aging (DA): The division within the Department of Social Services which directly manages: the Missouri Care Options (MCO) Program that determines if home and community-based services can meet the individuals' needs and avoid entry into a nursing home; and, manages the Central Office Medical Review Unit (COMRU) which obtains information from nursing homes and assures appropriate level of care for nursing home placement.
- F. Case Manager/Social Worker: The DSS-DA staff person who will work with DOH and the eligible individuals to coordinate services for those individuals.
- G. Physical Disabilities Waiver (PDW): The home and community-based services waiver to provide cost-effective services for the disabled/developmentally disabled persons as an alternative to care in a facility.
- H. Division of Family Services (DFS): The division within the Department of Social Services with responsibility for determining a person's eligibility for Title XIX (Medicaid).
- I. Title XIX (Medicaid): A health care program under the Social Security Act. Medicaid is a needs-based, health care benefit financed jointly by state and federal government. Medicaid is administered by the Department of Social Services, Division of Medical Services. Eligibility for Medicaid is determined by the Department of Social Services, Division of Family Services.
- J. Adult Medicaid Services: Missouri's State Medicaid Plan services which are available to Medicaid recipients who are 21 years of age or older.
- K. Program Administration: The overall administration of PDW Program provided by the Department of Health to oversee the daily operations of the program activities. Such activities would include developing data systems, preparing policy and procedures for internal operations for DOH staff regarding PDW and Personal Care Programs, monitoring authorizations of services, evaluating PDW program, assuring waiver limitations are maintained, monitoring case management and home visits, and submitting reports.
- L. Administrative Case Management: The assessment, location, coordination, and monitoring of the necessary and appropriate PDW services for an individual with complex medical disabilities.
- M. Intermediate Care Facility for Mentally Retarded (ICF/MR): Intermediate care facility for the mentally retarded or related conditions (ICF/MR) are services provided in a

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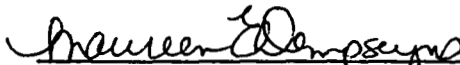
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certified facility whose primary purpose is to provide health or habilitative services for mentally retarded individuals or persons with related conditions. To qualify for ICF/MR services a person must have mild, moderate or profound mental retardation or a related condition and be receiving active treatment, Missouri Medicaid Nursing Home Manual, p 13-19.

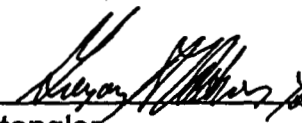
- N. Plan of Care: Plan for delivery of State Plan and PDW services developed in collaboration with the recipient's attending physician and a copy forwarded to the physician.
- O. Skilled Professional Medical Personnel (SPMP): As defined in 42 Code of Federal Regulations 432.2, as amended.
- P. Sanctions: Consequences of failing to comply with the conditions of provider participation in the Medicaid Program, as described in 13 Code of State Regulations 70-3.030-Sanctions for False or Fraudulent Claims for Title XIX (Medicaid) Services, as amended.
- Q. Personal Care Program: The U. S. Department of Health and Human Services, Health Care Financing Administration, approved Medicaid State Plan for Personal Care.

TERMS OF THIS AGREEMENT

The period of this Cooperative Agreement shall be from July 1, 1998, until June 30, 2001, unless canceled by one or both parties. This agreement may be canceled at any time, upon agreement of both parties or by either party after giving thirty (30) day prior notice in writing to the other party, provided, however that financial arrangement(s) pertaining to this agreement shall remain in effect and reimbursement shall be made for the period when the contract is in full force and effect. This agreement may be modified at any time by the written agreement of both parties.


Maureen E. Dempsey, M.D.
Director, Department of Health

1-15-99
Date


Gary J. Stangler
Director, Department of Social Services

2/24/99
Date

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COOPERATIVE AGREEMENT
between the
MISSOURI DEPARTMENT OF SOCIAL SERVICES
and the
DEPARTMENT OF MENTAL HEALTH
relating to
SYSTEM REDESIGN

I. STATEMENT OF PURPOSE

The agreement which is set out in this document is a cooperative and mutual understanding between the Missouri Department of Social Services, Division of Medical Services (DSS/DMS) and the Department of Mental Health (DMH). DSS is the designated single state agency for administration of the Title XIX (Medicaid) program in Missouri and DMS is the Division within DSS which directly manages Medicaid program operations. DMH is the statutorily authorized agency with administrative charge and control of the provision of services to persons requiring psychiatric and substance abuse treatment.

This Agreement is entered into for the purpose of efficiently and effectively carrying out the development, implementation and administration of the redesign of the service delivery system for persons requiring psychiatric and substance abuse services including the Permanently and Totally Disabled (PTD) and DMH administered services for adults transitioning off welfare (TANF) which include Comprehensive Psychiatric Rehabilitation, Targeted Case Management and CSTAR.

II. MUTUAL PURPOSE

This Agreement is entered into for the purpose of developing, implementing and efficiently and effectively carrying out the administration of the redesign of the service delivery system for persons requiring substance abuse and psychiatric treatment and supports. System redesign refers to the DMH's effort to improve access, coordination and continuity of care by establishing a system of care whereby individuals are able to access psychiatric and substance abuse treatment and supports regardless of their point of entry into the system. The implementation of System Redesign will occur over a three year time period, FY2000-FY2002 (3) to provide opportunity for continuing public and consumer input and to allow sufficient time for providers to prepare for the changes in the delivery of care.

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III. RESPECTIVE DUTIES

A. Department of Social Services

The Department of Social Services shall:

1. Reimburse DMH the Title XIX federal share of actual and reasonable costs for administration provided by DMH staff. Allowable administrative functions will be documented utilizing a time accounting system which is in accordance with the provisions of OMB circular A87 and 45 CFR parts 74 and 95. Administrative costs include expense and equipment costs necessary for the design and implementation of the DMH system redesign and to carry out all DMH staff functions outlined in this agreement.

The rate of reimbursement for eligible administrative costs will be 50%, if claimed in accordance with the provisions of 42 CFR 432. Changes in federal regulations affecting the matching percentage and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement, will be applied as provided in the regulations.

2. Reimbursement of the federal share shall be provided upon receipt of quarterly financial statements certified by the Department of Mental Health for eligible claims prepared in accordance with applicable federal regulations.
3. Provide training for staff as determined to be necessary by the Directors of DSS and/or DMH.
4. Determine eligibility for Medicaid.
5. Reimburse providers for services provided to eligible clients. Services must have been appropriately authorized and provided in accordance with all conditions set forth.
6. Assist DMH in preparing and reviewing material to be published regarding system redesign including bulletins, manuals and provider and recipient notices.
7. Exchange with DMH data to jointly compile periodic reports on the number of clients served, their costs and the savings generated by the waiver.
8. Assist DMH in preparing and reviewing material to be published regarding the waiver, including bulletins, manuals, and provider and recipient notices.
9. Review and comment on policy and procedure for the internal operations of DMH regarding System Redesign to ensure compliance with Title XIX rules and regulations.

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10. Review preliminary drafts, discussion papers and request for proposals (RFP'S) for compliance with Title XIX rules and regulations.
11. Review the actuarial data produced by DMH in relationship to the establishment of rates for System Redesign.
12. Participate in the evaluation of responses to the RFP relating to System Redesign.

B. Department of Mental Health

The Department of Mental Health, recognizing the authority of the single state Medicaid agency, will provide the necessary staff support to conduct administrative functions necessary for the proper and efficient administration of System Redesign. The Department of Mental Health agrees to:

1. Determine the eligibility of individuals for services and monitor and review documentation concerning these eligibility requirements.
2. Conduct provider and consumer relations activities for the administration of the program.
3. Establish and provide for monitoring of services to clients to ensure the quality, adequacy and timeliness of these services.
4. Establish standards and monitor access of clients to services.
5. Ensure providers' financial records will be monitored for fiscal and procedural compliance with law and regulation as determined by DMH and DSS.
6. Preparing, printing and mailing material regarding system redesign as such is not the responsibility of the fiscal agent for DMS under contract. All such materials relating to compliance with Title XIX rules shall be subject to DSS/DMS review and approval prior to distribution.
7. Participate in Medicaid related training that may be determined necessary by the Directors of DSS and/or DMH.
8. Prepare annual budget requests for appropriations.
9. Propose rates for services to the DSS/DMS for review and approval.
10. Provide as requested by DSS the information necessary to request federal financial participation (FFP). Requests for FFP will be submitted on the standard form 269 together with a detailed billing statement for administrative funds requested. These documents will be certified by the Executive Officer of the Department of Mental Health.

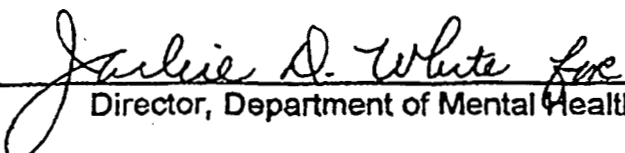
11. Be responsible for any federal funds which are deferred and/or ultimately disallowed arising from a failure to comply with a federal requirement, unless the deferral or disallowance is the result of the Division of Medical Services' failure to submit in a proper format and/or timely manner, amendments to the Medicaid State Plan proposed by DMH required for the administration of System Redesign. Timeliness will be measured based on the complexity of the issue(s) involved and whether the proposed state plan amendment can be processed without obtaining additional information from DMH. DMH will provide DSS all information required to submit a Medicaid State Plan Amendment at least 15 days prior to the time the amendment must be submitted to HCFA.
12. Maintain the confidentiality of client records and eligibility information received from DSS, using that information only for the activities permitted under this agreement.
13. Provide professional staff including skilled and non-skilled professional medical personnel as defined in 42 CFR 432.2 and 432.50 and direct support personnel for them necessary to fulfill the terms and conditions of this agreement.
14. DMH will only submit a claim to DSS/DMS for those portions of administrative costs associated with System Redesign that pertain to Medicaid eligibles. The administrative costs will be prorated in accordance with the number of Medicaid eligible recipients to be served through System Redesign. No costs will be claimed which represent the overhead costs of a provider facility.

IV. TERMS OF THIS AGREEMENT

The effective date of this agreement shall be July 1, 1999^{BW}. This agreement may be modified at any time by the written agreement of both parties and it may be canceled by either party after giving thirty (30) days prior notice in writing to the other party, provided, however, that reimbursement shall be made only for the period when the agreement is in full force and effective.


Director, Department of Social Services

9-29-99
Date


Director, Department of Mental Health

9/16/99
Date

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